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Tennessee Coordinated School Health

Fact Sheet

2/29/2012

Coordinated School Health (CSH) is an evidenced-based model developed by the Centers for Disease Control and Prevention (CDC) designed to promote healthy school environments so children arrive at school ready to learn. In 2006, Tennessee became the **only** state in the nation with a legislative mandate and \$15,000,000 in state funding per year to implement CSH in all school districts. CSH funding provides each school district with a full time Coordinator, an assistant and basic materials and resources necessary to develop policies, partnerships and initiatives that advance student health and improve academic outcomes. CSH Coordinators address eight components of school health which include: health education, physical education/physical activity, health services, mental health/ social services, nutrition services, healthy and safe environment, staff wellness and family/community partnerships.

CSH Highlights:

- ▶ High School graduation and drop-out rates in CSH pilot sites have consistently outperformed state averages since 2002.
- ▶ Tennessee student BMI rates for overweight and obese are declining which is contrary to national trends. BMI rates declined from **41.2%** in 2007-2008 to **39.5%** in 2008-2009. Tennessee has the 3rd highest childhood obesity rate in the U.S.
- ▶ Parent and student partnerships are emphasized in all aspects of CSH. CSH Coordinators have created an average of **21** community partnerships per school district. During the past four years, CSH Coordinators secured an **additional \$50** million in grants and in-kind gifts for Tennessee schools.
- ▶ According to the CDC's Youth Risk Behavior Survey for high school students, the percentage of Tennessee students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days increased from 33.7% in 2005 to 47.2% in 2011.
- ▶ The percentage of school nurses (RN and LPN) **increased** by **10%** from 2005-2006 to 2009-2010. During the 2008-2009 school year there were **2,700,234** student visits to school nurses and **61.3%** (**1,654,609** students) of these students returned to the classroom to receive instructional time.

- ▶ School health policies have been strengthened and/or created to promote a healthy school environment. **Eighty-nine percent** (89%) of all school districts have developed new school health policies.
- ▶ **Ninety-five percent** (95%) of all school districts reported they have incorporated health-related goals into their School Improvement Planning (SIP) and/or their Tennessee Comprehensive system-wide Planning Process (TCSPP) district planning agendas.
- ▶ Student school health screenings were standardized by the Office of Coordinated School Health. Last year over **1.5 million** student health screenings occurred in Tennessee public schools. Of those screened, **192,000** students were referred to a health care provider for additional medical attention. This represents a **257%** increase over the number of referrals in 2006-2007.
- ▶ CSH Coordinators have worked with community partners to establish school-based health clinics. The number of schools with school-based clinics increased from **54** in 2008-2009 to **65** in 2009-2010. The number of students served in school clinics increased by **354%** between 2008-2009 and 2009-2010 (**69,305** students compared to **314,829** students).
- ▶ During the 2009-2010 school year, **35,409** wellness exams (EPSDT exams) were provided to Tennessee students either by a school clinic practitioner or a private provider in the schools.
- ▶ Because CSH infrastructure is present in all school districts, school staff has been able to respond quickly and decisively to unexpected events such as the H1N1 outbreak, new school entry immunization requirements or the unexpected economic downturn. More than **half** of all school districts have established a Food Back Pack program for students so they have food to eat on the weekends. As of February 2011, **412** schools provide Food Back Pack programs.
- ▶ Health Education training and materials has been provided to over **6,000** Tennessee teachers. The curriculum is evidence-based and supports Tennessee curriculum standards.
- ▶ Physical activity training and curriculum has been provided to over **10,000** Tennessee teachers. Teachers work on academic goals while at the same time providing opportunities for physical activity in the classroom. Teachers report improved student concentration and behavior as a result.
- ▶ CSH Coordinators monitor types of food and drinks sold in vending machines and a la carte items to ensure compliance with state school nutrition laws. The percent of Tennessee schools that did not sell soda or fruit juice increased from **26.7%** in 2006 to **74%** in 2008. Tennessee now ranks **2nd** in the country in this category. Also, **64.7%** of Tennessee secondary schools did not sell junk food in vending machines, school stores, canteens or snack bars. Tennessee now ranks **6th** in the nation in this category.
- ▶ **Eighty-seven percent** (87%) of all school systems have developed and implemented staff wellness programs.
- ▶ U.S. Department of Education's *Schools and Mental Health Systems* grant to the Office of Coordinated School Health enabled Tennessee school districts to develop behavioral health policies/guidelines, establish linkages with community mental health partners and provide school staff training on how to appropriately identify and refer students to school counselors.